

NOTICE.

“Liberality, Consideration and Dignity”

THE ROYAL MEDICAL BENEVOLENT FUND

The words in the title were used by an elderly medical widow whose circumstances changed suddenly and she did not know where to turn to or how she was going to manage. The Royal Medical Benevolent Fund was contacted and as a result of her application and the back-up report of the Area Visitor, this lady has been helped and her worries have been lifted from her shoulders. These words of thanks sum up the Fund's work so accurately they make a good beginning to this article about the work of the medical profession's own charity.

The Royal Medical Benevolent Fund was founded in 1836 by the same group of doctors who had earlier founded the British Medical Association. During the last 152 years the two organisations, though independent of each other, have worked closely together and with other medical charities which may be more locally based (such as the Royal Medical Benevolent Fund of Ireland, which is Dublin based). The founding fathers saw a need for a charity for 'the relief of medical men and their families who were under severe and urgent distress occasioned by sickness, accident or other calamity'. These are still the aims of the Fund, but it was made clear in 1836 that the Fund was not designed to relieve medical men of the necessity of providing for their families in 'ordinary life assurance and such other means as prudence dictates'. In the Fund's first year of action £17, 15. 0. was distributed and in 1987 that figure had grown to £520,000. The sum paid out to beneficiaries increases every year and sadly there seems to be no decrease in the number of people needing help from the Fund. The age range of beneficiaries is from a baby of a few months old to a widow of 97 years.

The best way to show how the type of help to be given is arrived at is to follow an enquiry from its first arrival at the office until the recipient gets their help. The enquiry itself may come through a colleague, the family doctor, the Social Services department, Guild members — these are active supporters of the Fund's work, or the local Area Visitor. The Area Visitors are a network of medical wives who visit the beneficiaries and act as the eyes and ears of the Case Committee. The applicant is sent a two part application form which gives details of the personal and financial situation. The Area Visitor will go to see the new applicant and then write a report for the Case Committee. She is the person who lets the Case Committee know about the applicants actual state — the paint peeling off the wood-work, the frayed carpet, the single bar electric fire, the garden which was once a great joy but can no longer be kept in order due to infirmity and inability to afford help for even the most basic cutting of grass and hedges — an overgrown garden is a singularly depressing sight. All these things and many more can be brought to the notice of the Case Committee. The Case-Workers in London, who are professionals, check all references and prepare case-notes for

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the Case Committee and give suggestions for the type of help which may be appropriate, but it is the Case Committee at its monthly meeting that makes the final decision about what help is to be awarded to each applicant or what variation to existing awards are to be made. To return to my example, the Case Committee might decide to award her a weekly grant which will allow her to live in dignity with a little surplus which might allow her to employ someone to help in her house or to help tidy up the garden. A grant might be given to cover the cost of re-painting (estimates would be asked for before this would be paid), and possibly a grant to allow for the purchase of a safer and more economical type of electric fire. Most beneficiaries have their cases reviewed annually and so the help can be kept tailored to what is required. Sometimes there can be exceptional needs — the cooker may cease to function and can no longer be repaired and a grant can be given for its replacement. Recently in Northern Ireland we have given help with the changeover from mains gas to bottle gas or electricity if the statutory grant has been insufficient.

Sadly, some of the cases that come before the Case Committee involve doctors who, through a combination of illness, financial mismanagement and subsequent debt reduce the family to income support or supplementary benefit level. In these cases, once all state aid has been taken up we can give a small weekly grant, also provision for television rental and licence, telephone calls and rental, and gifts to cover occasional items. The Case-workers in the office liaise closely with the Social Services to ensure that we give all available help, but do not affect the recipient's rights to state benefits. All income support beneficiaries are offered the facility of the "clothes room" which can supply a wide range of first-class garments. Other beneficiaries also have the use of the clothes room and I feel it is a very worthwhile place for the misfits of any wardrobe to end up — needless to say everything is 'good as new' and great care is taken by the ladies who make up the parcels — they mix and match articles to give a range of outfits and they do not forget accessories like scarves which can be the finishing touch to a nice suit.

We also have an increasing number of deserted or divorced wives whose husbands do not pay maintenance as they should. The Case Committee is looking into ways of making loans rather than grants to this group, so we will not subsidise unscrupulous husbands. Sometimes help may be given as a loan to allow someone to complete a course of study and become independent. Sometimes help is required with nursing home fees and once all state aid and family support has been obtained then, and possibly in conjunction with other charities, help will be given to allow an elderly person to remain in the nursing home of their own choice. As well as help throughout the year, all beneficiaries receive Christmas cards and presents — the Christmas gifts come from the proceeds of the Fund's annual Christmas Appeal and they are a source of great joy at that time of year. Older beneficiaries also receive birthday presents and cards.

All this help for the less fortunate members of the profession requires a lot of money, and all is raised from members of the Medical Profession and their families. The easiest and most cost effective way of subscribing to the Fund's work is by Deed of Covenant — this not only benefits the Fund in that it gains the additional refund of tax from the Inland Revenue, but they also know that for a number of years that that amount of income will be coming in. Legacies are also valuable and just recently a house, expected to realise £200,000, has been left to the Fund — a truly magnificent gift. Apart from the individual subscribers there are many groups, usually organised by medical wives, known as Guilds, which

run a great variety of fund-raising functions — in this respect really anything goes as long as people enjoy themselves and are prepared to pay for the privilege!

I have given you a very brief outline of the work of the RMBF — it is the doctor's own charity and as such it is wholly dependent on doctors for its support. Sadly, the need for the Fund does not diminish — in fact when I became the Northern Ireland Area Visitor in 1984 there were three beneficiaries and there are now eight.

As you all know, in the present political climate self-help is encouraged and unearned benefit is frowned upon, so we will have to help to a much greater extent both in the realm of nursing home fees and support of young people from broken marriages. Please help us to be able to continue to care for all who need it with 'Liberality, Consideration and Dignity'.

Lesley Donaldson.